

STANDARD FORM 52  
PROLIFERATED BY THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1964 - FEDERAL PERSONNEL  
MANUAL CHAPTER VI

REQUEST FOR PERSONNEL ACTION **SECRET**

VOUCHERED

RETURN TO CIA  
Background Use Only  
Do Not Reproduce

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. E. Howard Hunt	9 Oct 1918	1748-43	28 May 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  Appointment		6. EFFECTIVE DATE RECOMMENDED CONTROL DESK	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM—	8. POSITION TITLE AND NUMBER	TO—
	9. SERVICE, GRADE, AND SALARY	Operations Officer ED-22-14 GS-132-14 \$9500
	10. ORGANIZATIONAL DESIGNATIONS	DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
<input type="checkbox"/> FIELD	11. HEADQUARTERS	<input type="checkbox"/> FIELD
<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer leave from Unvouchored Funds.

B. REQUESTED BY (Name and title)	D. REQUEST APPROVED BY									
Joseph L. Ladd, ARAIR	Signature: <i>MD</i> Title: Chief, Personnel Comments: This action is needed for this request.									
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)										
D. VETERAN PREFERENCE										
<table border="1"> <tr> <td rowspan="2">NONE</td> <td rowspan="2">WWII</td> <td rowspan="2">OTHER</td> <td rowspan="2">5-PT.</td> <td>10-POINT</td> </tr> <tr> <td>DISAB.</td> <td>OTHER</td> </tr> </table>		NONE	WWII	OTHER	5-PT.	10-POINT	DISAB.	OTHER	14. POSITION CLASSIFICATION ACTION	
NONE	WWII					OTHER	5-PT.	10-POINT		
		DISAB.	OTHER							
		NEW	VICE	I. A.	REAL					
15. SEX	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE				
		3200-20				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			<p>21/02</p>
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY	<p>SECRET</p>		

1480000

**23. RESIGNATION**

I RESIGN FOR THE FOLLOWING REASON:

DATE \_\_\_\_\_

MY LAST WORKING DAY WILL BE \_\_\_\_\_

(SIGNATURE)

**24. SEPARATION DATA**

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(STREET) (CITY) (ZONE) (STATE)

**BRIEF DESCRIPTION OF DUTIES**

**QUALIFICATIONS**

(If pertinent)

**EDUCATION**

Essential:

AGE RANGE \_\_\_\_\_ SEX \_\_\_\_\_

Desired:

**ESSENTIAL QUALIFICATIONS** (Experience, Skills, Languages, Area Knowledge, etc.)

**DESIRED QUALIFICATIONS** (Experience, Skills, Languages, Area Knowledge, etc.)